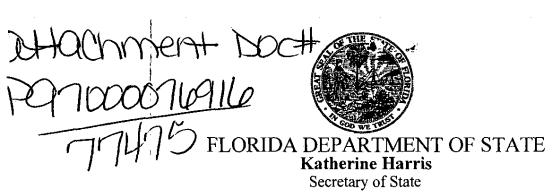
2001 UNIFORM BUSINESS REPORT (UBR)

^OSIGNATURE REQUIRED

SIGNATURE:

Aug 13, 2001 8:00 am Secretary of State P97000076916 DOCUMENT # 07-20-2001 90002 042 ***150.00 1. Entity Name J & K PLUMBING SERVICES, INC Principal Place of Business Mailing Address 3639 E HARLEY CT 4318 S FLORIDA AVE LOT 1 HERNANDO FL 34442 INVERNESS FL 34450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3465016 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGSTEN, ROGER Roger Angeren Street Address (P.O. Box Number is Not Acceptable) 4318 S FLORIDA AVE LOT P.O. Box 1869 INVÉRNESS FL 34450 Invertuess, Floride Zlp Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550,00 9. This corporation is eligible to satisfy its Intendible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) TITLE ☐ Delete TITLE ☐ Change Addition EICHHORN, JOHN NAME NAME STREET ADDRESS 4800 E YALE LANE STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete HICKEY, KEVIN A NAME NAME STREET ADDRESS P-O-BOX-1509,N/A STREET ADDRESS CITY-ST-ZIP HERNANDO FL 34442 CITY - ST - ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutey, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

7,



July 24, 2001

J & K PLUMBING SERVICES, INC P.O. BOX 1869 INVERNESS, FL 34451

Subject: J & K PLUMBING SERVICES, INC

Reference

P97000076916

Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000:

/SG

ANNUAL REPORTS SECTION